No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26546

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3274

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas city (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (specify whether years, months or days) In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Rayville (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Roberta Earlene Proffitt
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug (Month) 5th (Day) 1948 (Year)

8. AGE: Years | Months | Days 7 | If less than one day ... hr. ... min. 80

9. Birthplace Ray ville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Robert Proffitt
13. Birthplace Richmond (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mary McElee
15. Birthplace Richmond, (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Robert Proffitt
(b) Address Richmond, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rayville Mo.
18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond Mo
19. (a) 8-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12th year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 5th, 1948 to Aug 12, 1948 that I last saw her alive on Aug 12, 1948 and that death occurred on the date and hour stated above.

Pathologist

	Duration
Immediate cause of death Intestinal Obstruction	
Due to Atresia of duodenum	
~~Due to~~ Stenosis Bile Ducts	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

159a

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or ~~other~~)
Address Mercy Hosp. Date signed 12 Aug 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.